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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On December 16, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Patricia Anders

PATENT
Attorney Docket No.: 022101-001400US
Client Ref. No.: 18945

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Schnell, U. et al.

Application No.: 10/070,343

Filed: August 14, 2002

For: SYSTEM FOR
THERMOCYCLING OF FLUIDS IN
CARTERIDGES

Customer No.: 41504

Confirmation No. 7095

Examiner: BEISNER, WILLIAM H

Technology Center/Art Unit: 1744

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed, September 27, 2005, please enter the following amendments and remarks:

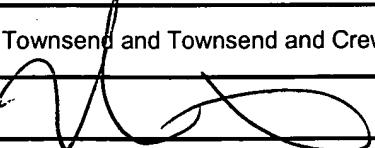
Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

TIN
1744

TRANSMITTAL FORM DEC 20 2005 <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/070,343
		Filing Date	August 14, 2002
		First Named Inventor	Urban Schnell
		Art Unit	1744
		Examiner Name	BEISNER, WILLIAM H
Total Number of Pages in This Submission		Attorney Docket Number	
		022101-001400US	

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
		Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Matthew E. Hinsch		
Date	December 16, 2005	Reg. No.	47,651

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Typed or printed name	Patricia Andrews		Date
			December 16, 2005